Under the Paperwork	Reduction Act	of 1995, no	o persons ere requ	ired to respond	1080	Medical of the	Approved for rademark Offi formation unle	ss It displ	DEPARTMENT O	F COMMERCE
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docked Number 3		
CLAIMS AS FILED PA (Column 1)				ART I (Column 2)		SMALL ENTITY		r / OR	OTHER THAN SMALL ENTITY	
FOR			NUMB	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							\$	OR		3_
TOTAL CLAIMS (37 CFR 1.16(c))	91	minus 2	20 = - 7	7 /	×	<u> 59 </u>		OR	x s 18 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			20 =	. 4		s 43 =		OR	× 5 86 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						s145=		O R	+,290.	
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	23/4
CLA	IMS AS AM	ENDED	– PART II							704/-
			(Column 2)	(Column 3)		SMALL I	ENTITY	ΟŖ		R THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (gr CFR L16(p)) (gr CFR	9/	Minus	- 9/	=	x	<u> </u>		OR	x s 18 =	
Z Independent (27 OFR 1.16(b))	1	Minus	" 1	E	x	<u>:43</u> =		OR:	x s 86 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s145=		OR	+:290=	1
						OTAL DD'L FEE		OR .	TOTAL ADD'L FEE	
› 	(Column 1)		(Column 2)	(Column 3)	-	,		:	'	-5.
	CLAIMS REMAINING AFTER MENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total .	·	Minus	••	=	×	s 9 .= ·		OR-	x s. 18	
Total (37 CFR 1.46(d))		Minus	•••	=	×	s 43=		OR.	x = 86	s i
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						145=		OR:	.290	
		•	<u></u>			OTAL DO'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)		(Column 2)	(Column 3)		•				
	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADOI- TIONAL FEE		RATE	ADDI- TIONAL -FEE
Total •		Minus	••	E	×	.9_=	·	OR	x s] 6 =	
Total (37 CFR 1.16(c)) Medependent (37 CFR 1.16(b))		Minus	***	c	×	s <u>43</u> =		OR.	x \$ 26=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s145=		OR ·	+ :290	
					T	OTAL DO'L FEE		OR,	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" th THIS 5"PACE is less than 20, enter "20".									randa in the same of the	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122.and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.